

Dental Health Certificate

Port Jervis High School
10 Route 209
Port Jervis, NY 12771
Phone 845-858-3125 Fax 845-858-3113

Parent/Guardian: New York State (Chapter 281) requires schools to request a dental examination in the following grades: new schools entrants, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your child’s dentist for assessment. If your child has a dental check up before he/she started school, ask your dentist to fill out Section 2. Return the completed form to the Health Office of the school.

Section 1- to be completed by Parent/Guardian (Please Print)

Child’s Name: _____ Male: _____ Female: _____

Date of Birth: _____ Grade: _____ Teacher: _____

Will this be your child’s first visit to the dentist? _____ yes _____ no
Have you noticed any problem with your child’s mouth that interferes with his/her ability to chew, speak or focus on school activities? _____ yes _____ no

Section 2- to be completed by the Dentist

The dental health condition of _____ on _____ (date of exam).
The date of the exam needs to be within 12 months of the start of the school year in which it is requested.

- _____ Yes, the student listed above is in fit condition of dental health to permit his/her attendance at public school.
- _____ No, the student listed above is not in fit condition of dental health to permit his/her attendance at public school.

Note: Not in fit condition of dental health means that a condition exists that interferes with a student’s ability to chew, speak or focus on school activities to include pain, swelling or infection related to clinical evidence of open cavities.

The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

- _____ No obvious problem. Routine dental care is recommended.
- _____ Needs dental care. Parent/Guardian has been advised to make a follow up appointment
- _____ Immediate dental care is required. Parent/Guardian advised to make a follow up appointment for treatment and to avoid complications.

Dentist’s Signature

Dentist’s Telephone #

Dentist’s Address